

Wallace case unlike

By Arthur J. Snider
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Gov. George Wallace will live but his chances of walking again appear slimmer by the hour.

That is the opinion of a top neurosurgeon interviewed here by The Daily News.

Dr. Eric Oldberg, chairman-emeritus of the University of Illinois neurosurgery department, said there is not much room for optimism on the basis of medical reports from Holy Cross Hospital in Silver Springs, Md.

"The question of bowel and bladder control are in the picture as well," Dr. Oldberg said.

THE SURGEON said it will require great courage for a man to campaign in a wheelchair under those circumstances.

"A reference has been made to the fact that Franklin Delano Roosevelt campaigned in a wheelchair," said Dr. Oldberg. "The cases are not comparable. Roosevelt had polio and polio produces wasted muscles with no difficulty of bladder and bowel control."

Wallace was struck by four or five bullets. But the bullet that did the most damage tore through the lower end of the right rib cage, perforated the diaphragm, ripped through the stomach, and tore some of the ligaments of the small intestines.

The bullet finally lodged in the spinal column to cause the loss of sensation and movement in the legs.

"He is paralyzed from the

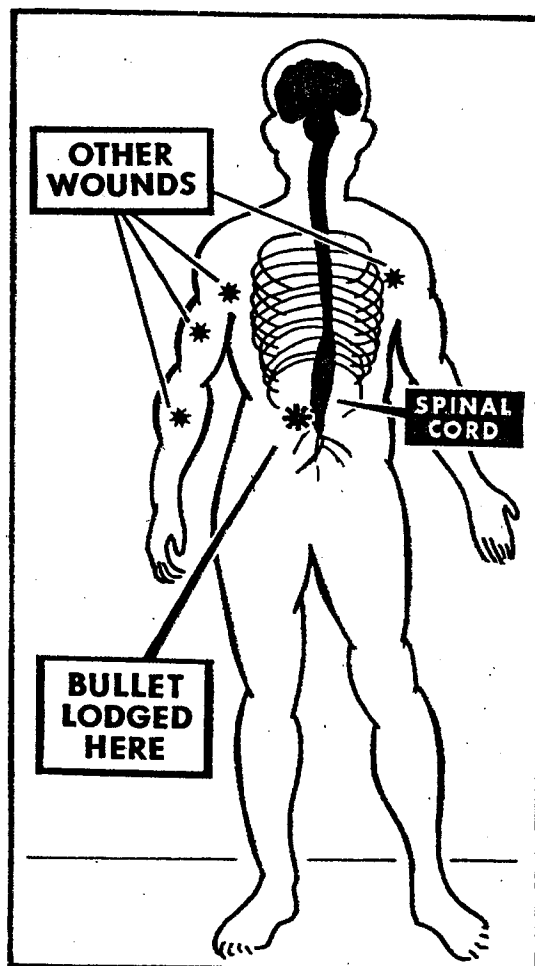


Diagram locates wounds suffered by Alabama Gov. George C. Wallace. Doctors have not yet decided whether to remove the bullet that passed through his abdomen and lodged in the spinal column. Wallace also suffered two wounds on the right arm, a superficial wound under the right shoulder and a grazing superficial wound on the back of the left shoulder blade. (UPI)

hip down, said Dr. Joseph Schanno, a vascular surgeon.

The hope is that with the reduction of inflammation and swelling, the cable-like spinal cord again will begin to carry impulses. The outcome should be known in the next 48 hours.

"If the spinal cord is stunned, there is hope for some recovery," said Dr. Oldberg. "But if it is bruised, there would be little hope."

AN IMPORTANT decision to be made by the surgical team is whether to subject Wallace to another operation to remove the embedded bullet.

The operation was halted at the 3-hour mark Monday night so surgeons could explain the condition to Mrs. Wallace.

Later doctors announced

Turn to Page 8, Column 8 they would wait a few days to study X-rays and decide whether the bullet should be removed.

"THE PURPOSE of removing the bullet is to take the 1 per cent chance that relieving pressure on the cord might improve the paraplegic condition," said Dr. Oldberg. "It will all depend on where the bullet is located on X-ray."

On the other hand, doctors may decide no useful purpose would be served by another surgical ordeal. The bullet would then be left in place.

"The picture is grim and you just have to pray and thank God for any improvement you get," said Dr. Oldberg.

EXCEPT for the spinal cord complication, Wallace was on

FDR's

the road to recovery. His vital signs were good and his heart was strong.

Had the bullet not lodged near the spinal cord, he could have been back on the campaign trail by mid-July.

Chances of recovery from an uncomplicated penetrating abdominal wound, on a statistical basis, are 97 in 100.

Assuming complete freedom from hemorrhage or infection, an abdominal wound is handled today as expeditiously as a gallbladder operation.

AND THE RECOVERY time is about the same — two weeks in the hospital and another two or three weeks at home — says Dr. Frederick W. Preston, who accumulated more than 100 gunshot abdominal wound cases at Henrotin Hospital over a five-year period.

In none of these cases was there spinal cord involvement, said Dr. Preston.

IF THERE is any bright spot in Wallace's ill fortune, it is that he occurred in an era when surgery has achieved almost complete mastery over penetrating abdominal wounds.